

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68704</i>	<i>9/22/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AM</i>	<i>5-111</i>	<i>10-15-00</i>
RESPONSE FORMALITY REVIEW	<i>pm</i>	<i>780</i>	<i>9-19-01</i>

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                        I ..... Interference  
- (Through numeral)..... Canceled    A ..... Appeal  
÷ ..... Restricted                        O ..... Objected

Claim	Date
Final	
Original	
1	12/17/01
2	1/13/02
3	2/14/03
4	3/14/03
5	4/14/03
6	5/14/03
7	6/14/03
8	7/14/03
9	8/14/03
10	9/14/03
11	10/14/03
12	11/14/03
13	12/14/03
14	1/14/04
15	2/14/04
16	3/14/04
17	4/14/04
18	5/14/04
19	6/14/04
20	7/14/04
21	8/14/04
22	9/14/04
23	10/14/04
24	11/14/04
25	12/14/04
26	1/14/05
27	2/14/05
28	3/14/05
29	4/14/05
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32	7/14/05
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34	9/14/05
35	10/14/05
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42	5/14/06
43	6/14/06
44	7/14/06
45	8/14/06
46	9/14/06
47	10/14/06
48	11/14/06
49	12/14/06
50	1/14/07

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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